



Subsidy Determination Questionnaire {Cuestionario de Determinación de Subsidio}

(NPN): {Agente (NPN)}:	Marlo Valladares (17508754)
Lead Source/Referre	
Marketplace docs due by:	
Binder Paid (Y or N):	

CLICK HERE to see if the prospect already has an agent. If FHC is the AOR, then 'CTRL F', type Prospect's {FirstName LastName} here to see specifically who their agent is? If not, have them call Florida Blue Member Services.

POTENTIAL SUBSIDY AMOUNT CHECKER..... Including Tax Forms & Tools

Household and Contact Information {Hogar e información de contacto}:

(Answer SEP Questions - Place an 'X' next to 'Y' or 'N')

Name {Nombre}:					U.S Citizen or U.S. National?	Y		N
Phone {Teléfono}:					{¿Los E.E.U.U. ciudadano o nacional de los Estados Unidos?}			
Date Of Birth {Fecha de Nacimiento}:					File a joint IRS return?	Y		N
Street Address {Dirección}:					{¿Principal y cónyuge combinado 2016 estima ingresos?}			
City {Ciudad}:	State {Estado}:	Zip {Codigo Postal}:	County {Condado}:		Married?	Y		N
Mailing Address: {If different from Street Address}					{¿Casado?}			
City {Ciudad}:	State {Estado}:	Zip {Codigo Postal}:	County {Condado}:		Tax dependents claimed?	Y		N
Email {Correo electrónico}:					{¿Dependientes reclamados de impuestos?}			
Social Security Number {Número de Seguro Social}:					Have a disability?	Y		N
Employer(s) {Empleador(es)}:					{¿Tiene una discapacidad?}			
Employer's Phone {Teléfono empleador}:					Recently lost coverage?	Y		N
*Estimate 2019 Income {*Estimación 2019 ingresos}:					{¿recientemente perdido cobertura?}			
					Insurance offered at work?	Y		N
					{¿Seguro ofrecido en el trabajo?}			
					Any Other Coverage?	Y		N
					{¿cualquier otra cobertura?}			
					Eligible for a Special Enrollment?	Y		N
					{¿Requisitos para una inscripción especial?}			
					Spouse Employer(s) {Empleador(es) del Spouse's Employer's Phone {Teléfono empleador}			
					*Estimate Spouse's 2019 Income {*Estimación 2019 ingresos conyuge}:	\$		-
TOTAL HOUSEHOLD INCOME (Applicant's + Spouse's Income) {Ingreso total del hogar}:					\$		-	HELP FOR PROSPECTS THAT DO NOT MAKE ENOUGH TO QUALIFY FOR SUBSIDY

(You may either use your last tax return or estimate your 2019 AGI.) {Usted puede utilizar su última declaración de impuestos (introduce "uso último retorno") o calcular su AGI 2019.}*

A List of Deductions {Una lista de las deducciones}:

Deduction {La Deducción}:	Amount {La Cantidad}:	ACA & Form 1095-A
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Other Household Members {Otros miembros de la familia (dependientes)}:

How many applying for benefits?	How many in household?	Plan Variation:	
Name {Nombre}:	Relationship {Relación}	Date Of Birth {Fecha de Nacimiento}:	Social Security Number {Número de Seguro Social}:

NOTES (Include DOCTORS, SPECIALISTS & Medications that client is currently using.) {NOTAS (incluye médicos, especialistas y medicamentos que el cliente esta actualmente usando)}

MEDICATIONS (Pharmacies and Formularies) {MEDICAMENTOS (Farmacias y Formularios)}

2020 Federal Poverty Guidelines %

Person in	100%	133%	150%	151%	200%	201%	218%	250%	251%	300%	400%
1	\$ 12,490.00	\$ 16,611.70	\$ 18,735.00	\$ 18,859.90	\$ 24,980.00	\$ 25,104.90	\$ 27,228.20	\$ 31,225.00	\$ 31,349.90	\$ 37,470.00	\$ 49,960.00
2	\$ 16,910.00	\$ 22,490.30	\$ 25,365.00	\$ 25,534.10	\$ 33,820.00	\$ 33,989.10	\$ 36,863.80	\$ 42,275.00	\$ 42,444.10	\$ 50,730.00	\$ 67,640.00
3	\$ 21,330.00	\$ 28,368.90	\$ 31,995.00	\$ 32,208.30	\$ 42,660.00	\$ 42,873.30	\$ 46,499.40	\$ 53,325.00	\$ 53,538.30	\$ 63,990.00	\$ 85,320.00
4	\$ 25,750.00	\$ 34,247.50	\$ 38,625.00	\$ 38,882.50	\$ 51,500.00	\$ 51,757.50	\$ 56,135.00	\$ 64,375.00	\$ 64,632.50	\$ 77,250.00	\$ 103,000.00
5	\$ 30,170.00	\$ 40,126.10	\$ 45,255.00	\$ 45,556.70	\$ 60,340.00	\$ 60,641.70	\$ 65,770.60	\$ 75,425.00	\$ 75,726.70	\$ 90,510.00	\$ 120,680.00
6	\$ 34,590.00	\$ 46,004.70	\$ 51,885.00	\$ 52,230.90	\$ 69,180.00	\$ 69,525.90	\$ 75,406.20	\$ 86,475.00	\$ 86,820.90	\$ 103,770.00	\$ 138,360.00
7	\$ 39,010.00	\$ 51,883.30	\$ 58,515.00	\$ 58,905.10	\$ 78,020.00	\$ 78,410.10	\$ 85,041.80	\$ 97,525.00	\$ 97,915.10	\$ 117,030.00	\$ 156,040.00
8	\$ 43,430.00	\$ 57,761.90	\$ 65,145.00	\$ 65,579.30	\$ 86,860.00	\$ 87,294.30	\$ 94,677.40	\$ 108,575.00	\$ 109,009.30	\$ 130,290.00	\$ 173,720.00

"C" Plan Variations Healthy Kids 5-18, Medicaid for Kids, Medi Kids

"B" Plan Variations

"A" Plan Variations

Standard Plan Variations

ACCESSING FULL PAY OPTIONS KID CARE 2020